S. No. 300
. 10-48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED OCT 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29419

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 356

1. PLACE OF DEATH
a. COUNTY: Butler
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Poplar Bluff
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Brandon Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Stoddard
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Essex
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle): Elsworth
c. (Last): Smith

4. DATE OF DEATH (Month) (Day) (Year): Sept. 17, 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 12, 1870
9. AGE (In years last birthday): 79
IF UNDER 1 YEAR: Months 4 Days 5
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Book-keeper
10b. KIND OF BUSINESS OR INDUSTRY: Book-keeping
11. BIRTHPLACE (State or foreign country): Williamson County, Ill.
12. CITIZEN OF WHAT COUNTRY?: U. S.

13a. FATHER'S NAME: Jesse Smith
13b. MOTHER'S MAIDEN NAME: No record
14. NAME OF HUSBAND OR WIFE: Mary Frances Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 490-14-1545
17. INFORMANT'S SIGNATURE OR NAME: Mary Frances Smith
ADDRESS: Essex, Mo.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory failure — INTERVAL BETWEEN ONSET AND DEATH: 10 minutes

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Acute cardiac decompensation — 72 hours

DUE TO (c) Hypertensive cardiovascular (disease — several years

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* none — 442X

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: –
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): –
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): –
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): – m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: –

22. *I hereby certify that I attended the deceased from* Sept. 15, *19* 49, *to* Sept. 17, *19* 49 *that I last saw the deceased alive on* Sept. 17, *19* 49, *and that death occurred at* 6:50P *m., from the causes and on the date stated above.*

23a. SIGNATURE: E. N. Lockett, M.D. (Degree or title)
23b. ADDRESS: Brandon Hospital, Poplar Bluff, Missouri.
23c. DATE SIGNED: 9-23-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-19-49
24c. NAME OF CEMETERY OR CREMATORY: Naylor
24d. LOCATION (City, town, or county) (State): Naylor, Mo.

DATE REC'D BY LOCAL REG.: Sept 23, 1949
REGISTRAR'S SIGNATURE: Wm H Johnson 428 0
25. FUNERAL DIRECTOR'S SIGNATURE: Strickland-Rainey,
ADDRESS: Dexter, Mo.

(Licensed Embalmer's Statement on Reverse Side)

SEP 26 REC'D
949-291
BUTLER COUNTY HEALTH CENTER
POPLAR BLUFF, MISSOURI

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ..... Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed [signature]
Licensed Embalmer No. 3479
P. O. Address Dexter, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.